



COPY OF PAPERS
ORIGINALLY FILED

THE U.S. PATENT AND TRADEMARK OFFICE	
DECLARATION AND POWER OF ATTORNEY	ATT. DOCKET NO. 11641/30

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint-inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **APPARATUS AND METHOD FOR HANDLING MEMBRANES**, the specification of which was filed as U.S. Serial No. 10/033,863 on December 19, 2001.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

201040.E38863.040102

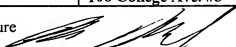
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

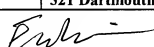
Thomas J. Meloro (Reg. No. 35,538)
Robert F. Perry (Reg. No. 34,897)
Thomas C. Hughes (Reg. No. 42,674)

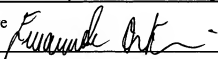
SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

KENYON & KENYON
One Broadway
New York, NY 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME RAPHEL	FIRST GIVEN NAME Aaron	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Somerville	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 106 College Ave. #3	CITY Somerville	STATE & ZIP CODE/COUNTRY Massachusetts 02144
Signature 			Date 2/7/02

FULL NAME OF INVENTOR	FAMILY NAME KIM	FIRST GIVEN NAME Enoch	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Boston	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 321 Dartmouth St. Apt. 7	CITY Boston	STATE & ZIP CODE/COUNTRY Massachusetts 02116
Signature 			Date 2/14/02

FULL NAME OF INVENTOR	FAMILY NAME OSTUNI	FIRST GIVEN NAME Emanuele	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Cambridge	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP Italy
POST OFFICE ADDRESS	POST OFFICE ADDRESS 287 Harvard St. Apt. 29	CITY Cambridge	STATE & ZIP CODE/COUNTRY Massachusetts 02139
Signature 			Date 02-07-2002

FULL NAME OF INVENTOR	FAMILY NAME KIRK	FIRST GIVEN NAME Gregory	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Winchester	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 23 Jefferson Rd.	CITY Winchester	STATE & ZIP CODE/COUNTRY Massachusetts 01890
Signature <i>Gregory Kirk</i>		Date <i>Feb 11, 2002</i>	

FULL NAME OF INVENTOR	FAMILY NAME SCHUELLER	FIRST GIVEN NAME Olivier	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Somerville	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP France
POST OFFICE ADDRESS	POST OFFICE ADDRESS 19 Highland Ave. Apt. 1	CITY Somerville	STATE & ZIP CODE/COUNTRY Massachusetts 02135
Signature <i>Olivier Schueller</i>		Date <i>February 07, 2002</i>	

10033663-040102